Transfer								_	
STATE   STAT		00/02/2007		TDI		1	P.F	GE: 1	-
1985   1985	RUN DAIL.	09/02/2007							
STOTION   STOT									
MOVE NOW   MOVE NOW   MOVE NOW   MAKE   MA								TOTAL	TOTAL
APPLIES   DECLY PROPERTIES   1979   14   15   DEPARTMENT OF CASIN-SPETTER   19   27   19   19   19   19   19   19   19   1									CLAIMS
MINISTER	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
Marche	3404901	CMOVY MOTIVES INM	8599	94	DETAIL NOT COVERED BY COMBINAT				
			-						
10   10   10   10   10   10   10   10		II/ DD/ GNO							
10   10   10   10   10   10   10   10									
			21	52	DUPLICATE OF CLAIM-SYSTEM	30	271	467	196
		-	-						
144594   NESTERN HIGHLAN   1		-	79	52	THIS SERVICE IS NOT PAYABLE TO				-
144004   NOTICE MINISTRAL   1		1							
154   1554   33   SERVICE RESERVE THE ALLGOADER   0   146					PROVIDER TYPE AND SPECIALTY IN				
154   1554   33   SERVICE RESERVE THE ALLGOADER   0   146									
	3404904		21	59	DUPLICATE OF CLAIM-SYSTEM				
		DS LME	<del>                                     </del>						
		+	+	<del></del>	+	1	1		-
		+	8564	33	SERVICE EXCEEDS THE ALLOWABLE	,	166	11034	10868
		†	1			1	100	11031	
					ELIGIBILITY PERIOD.				
		<u> </u>	0500	00					1
ASSESSED   1		<del> </del>	8599	42		1	-	1	<b>!</b>
1		+	+			1	1	-	<del>                                     </del>
DATE		+	<del> </del>			1	1	1	<del>                                     </del>
DATE	3404910	PATHWAYS	11	176	CLIENT NOT ELIGIBLE ON SERVICE				<b>†</b>
		<u> </u>	<u> </u>			1	<u> </u>		
	-					1			
		<u> </u>	5200	0.7	DDYOD AUMHODIAND INVING SUCCESS		<u> </u>		
3404912 CATAMBA COUNTYN 11 143 CLIENT NOT ELIGIBLE ON SERVICE DAYE  ENTAL HEALT I DAYE  8599 56 DETAIL NOT COVERED BY COMMINAT 0 231  100 0F ENCIPERTY, PROVIDER AND 0 231  101 OF ENCIPERTY, PROVIDER AND 0 231  102 SUMMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  103 PROVIDER TYPE AND SPECIALTY IN  10404913 MECKLENBURGE COM 0505 3181 CLIAN DENIED DUE TO INSUFFICE TO THE PROVIDER AND SPECIALTY IN  10404913 MECKLENBURGE COM 0505 3181 CLIAN DENIED DUE TO INSUFFICE TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER TYPE AND SPECIAL TO THE PROVIDER THE PROVIDER TYPE AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER THE PROVIDER THE PROVIDER THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND BRINGETT PACKAGE.  130 THIS SERVICES  1404916 CROSSROADS BRING TO THE TOTAL THE PROVIDER AND BRINGET THE PROVIDER AND BRINGETT PACKAGE.  1404917 CROSSROADS BRING THE TOTAL TO TOWERED BY COMBINAT TO TOWERED BY COMBINAT TO TOWERED BY COMBINAT TO TOWERED BY COMBINAT TO TOWER AND BRINGETT PACKAGE.  1404917 CROTTERPOINT HUM 11 610 CLIENT NOT ELIGIBLE ON SERVICE DATE		+	5308	3/	PRIOR AUTHORIZED UNITS EXCEEDE		558	8623	8065
3404912 CATAMBA COUNTYN 11 143 CLIENT NOT ELIGIBLE ON SERVICE DAYE  ENTAL HEALT I DAYE  8599 56 DETAIL NOT COVERED BY COMMINAT 0 231  100 0F ENCIPERTY, PROVIDER AND 0 231  101 OF ENCIPERTY, PROVIDER AND 0 231  102 SUMMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  103 PROVIDER TYPE AND SPECIALTY IN  10404913 MECKLENBURGE COM 0505 3181 CLIAN DENIED DUE TO INSUFFICE TO THE PROVIDER AND SPECIALTY IN  10404913 MECKLENBURGE COM 0505 3181 CLIAN DENIED DUE TO INSUFFICE TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER TYPE AND SPECIAL TO THE PROVIDER THE PROVIDER TYPE AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER THE PROVIDER THE PROVIDER THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND BRINGETT PACKAGE.  130 THIS SERVICES  1404916 CROSSROADS BRING TO THE TOTAL THE PROVIDER AND BRINGET THE PROVIDER AND BRINGETT PACKAGE.  1404917 CROSSROADS BRING THE TOTAL TO TOWERED BY COMBINAT TO TOWERED BY COMBINAT TO TOWERED BY COMBINAT TO TOWERED BY COMBINAT TO TOWER AND BRINGETT PACKAGE.  1404917 CROTTERPOINT HUM 11 610 CLIENT NOT ELIGIBLE ON SERVICE DATE		+	<del>                                     </del>			1		1	-
3404912 CATAMBA COUNTYN 11 143 CLIENT NOT ELIGIBLE ON SERVICE DAYE  ENTAL HEALT I DAYE  8599 56 DETAIL NOT COVERED BY COMMINAT 0 231  100 0F ENCIPERTY, PROVIDER AND 0 231  101 OF ENCIPERTY, PROVIDER AND 0 231  102 SUMMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  103 PROVIDER TYPE AND SPECIALTY IN  10404913 MECKLENBURGE COM 0505 3181 CLIAN DENIED DUE TO INSUFFICE TO THE PROVIDER AND SPECIALTY IN  10404913 MECKLENBURGE COM 0505 3181 CLIAN DENIED DUE TO INSUFFICE TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER TYPE AND SPECIAL TO THE PROVIDER THE PROVIDER TYPE AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER THE PROVIDER THE PROVIDER THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND SPECIAL TO THE PROVIDER AND BRINGETT PACKAGE.  130 THIS SERVICES  1404916 CROSSROADS BRING TO THE TOTAL THE PROVIDER AND BRINGET THE PROVIDER AND BRINGETT PACKAGE.  1404917 CROSSROADS BRING THE TOTAL TO TOWERED BY COMBINAT TO TOWERED BY COMBINAT TO TOWERED BY COMBINAT TO TOWERED BY COMBINAT TO TOWER AND BRINGETT PACKAGE.  1404917 CROTTERPOINT HUM 11 610 CLIENT NOT ELIGIBLE ON SERVICE DATE		+	<del> </del>			1	1	1	<del>                                     </del>
DATE			21	67	DUPLICATE OF CLAIM-SYSTEM				
DATE									
DATE									
DATE	2404012		11	142	OT TENT NOT BY TOTAL ON CEDITOR				
8599 56 DETAIL NOT COVERED BY COMBINAT 0 231  BENEFIT PACKAGE.  79 31 THIS SERVICE IS NOT PAYABLE TO 700 PROUDER AND 800 PROUDER THE NOT PAYABLE TO 800 PRO	3101312		11	143					
ION OF RECEIPENT, PROVIDER AND  BENNEYIT PACKAGE.  79 31 THIS SERVICE IS NOT PAYABLE TO YOUR SUMMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  304913 NECKLENBURG COM 8595 3181 CLAIM DERIED DUE TO INSUFFICE ENTAL HEALT  8800 781 FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  11 137 CLIENT NOT ELIGIBLE ON SERVICE DATE  3404916 CROSSROADS BEHA 8654 9 ONLY 16 UNITS ALLOWED PER DAY VIORAL HEAL VIORAL HEAL  19 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ENTAL HEALT							
ION OF RECEIPENT, PROVIDER AND  BENNEYIT PACKAGE.  79 31 THIS SERVICE IS NOT PAYABLE TO YOUR SUMMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  304913 NECKLENBURG COM 8595 3181 CLAIM DERIED DUE TO INSUFFICE ENTAL HEALT  8800 781 FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  11 137 CLIENT NOT ELIGIBLE ON SERVICE DATE  3404916 CROSSROADS BEHA 8654 9 ONLY 16 UNITS ALLOWED PER DAY VIORAL HEAL VIORAL HEAL  19 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
			8599	56		(	231	3645	3414
79 31 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  3404913 MECKLENBURG COM 8505 3181 CLAIM DENIED DUE TO INSUFFICIE  8800 781 FURTHER PROCESSING NECESSARY, 0 4551 PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  11 137 CLIENT NOT ELIGIBLE ON SERVICE DATE  1440916 CROSSROADS BEHA 8654 9 ONLY 16 UNITS ALLOWED PER DAY VIORAL HEAL  151 APPROVAL PLEASE CORRECT THE 151 6 CLIENT ION NUMBER DOES NOT MATC 151 NAPPROVAL PLEASE CORRECT THE 152 APPROVAL PLEASE CORRECT THE 153 APPROVAL PLEASE CORRECT THE 154 APPROVAL PLEASE CORRECT THE 155 APPROVAL PLEASE CORRECT THE 156 CLIENT ION NUMBER DOES NOT MATC 157 APPROVAL PLEASE CORRECT THE 158 APPROVAL PLEASE CORRECT THE 159 APPROVAL PLEASE CORRECT THE 150 APPROVAL PLEASE CORRECT THE 151 APPROVAL PLEASE CORRECT THE 152 APPROVAL PLEASE CORRECT THE 153 APPROVAL PLEASE CORRECT THE 156 APPROVAL PLEASE CORRECT THE 157 APPROVAL PLEASE CORRECT THE 158 APPROVAL PLEASE CORRECT THE 159 APPROVAL PLEASE CORRECT THE 150 APPROVAL PLEASE CORRECT THE 151 APPROVAL PLEASE CORRECT THE 152 APPROVAL PLEASE CORRECT THE 153 APPROVAL PLEASE CORRECT THE 154 APPROVAL PLEASE CORRECT THE 157 APPROVAL PLEASE CORRECT THE 158 APPROVAL PLEASE CORRECT THE 159 APPROVAL PLEASE CORRECT THE 150 APPROVAL PLEASE CORRECT THE 151 APPROVAL PLEASE CORRECT THE 152 APPROVAL PLEASE CORRECT THE 153 APPROVAL PLEASE CORRECT THE 154 APPROVAL PLEASE CORRECT THE 155 APPROVAL PLEASE CORRECT THE 157 APPROVAL PLEASE CORRECT THE 159 APPROVAL PLEASE CORRECT THE 150 APPROVAL PLEASE CORRECT THE 151 APPROVAL PLEASE CORRECT THE 153 APPROVAL PLEASE CORRECT THE 154 APPROVAL PLEASE CORRECT THE 155 APPROVAL PLEASE CORRECT THE 156 APPROVAL PLEASE CORRECT THE 157 APPROVAL PLEASE CORRECT THE 158 APPROVAL PLEASE CORRECT THE 159 APPROVAL PLEASE CORRECT THE 150 APPROVAL PLEASE CORRECT THE 157 APPROVAL PLEASE CORRECT THE 158 APPROVAL PLEASE CORRECT THE 159 APPROVAL PLEASE TO THE									
YOUR SUBMITTED BILLING					BENEFIT PACKAGE.				
YOUR SUBMITTED BILLING			79	31	THIS SERVICE IS NOT PAYABLE TO				
		-	17						-
ENTAL HEALT    NT BUDGET		1							
ENTAL HEALT    NT BUDGET									
	3404913		8505	3181					
PLEASE CHECK FOR CLAIM ON   FUTURE RA'S.		ENTAL HEALT			NT BUDGET				
PLEASE CHECK FOR CLAIM ON									
PLEASE CHECK FOR CLAIM ON		+	8800	781	FURTHER PROCESSING NECESSARY,	,	4551	4678	127
11   137   CLIENT NOT ELIGIBLE ON SERVICE		†	1		PLEASE CHECK FOR CLAIM ON	1	.551	1376	127
DATE					FUTURE RA'S.				
DATE		<u> </u>		120			ļ		<u> </u>
3404916   CROSSROADS BEHA   8654   9		<del> </del>	11	137		1	-	1	<b>!</b>
VIORAL HEAL  VIORAL HEAL  APPROVAL. PLEASE CORRECT THE  APPROVAL PLEASE CORRECT THE  191  6 CLIENT ID NUMBER DOES NOT MATC  0 31  H PATIENT NAME  5599  3 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  SENESTI PACKAGE.  3404917 CENTERPOINT HUM  11 610 CLIENT NOT ELIGIBLE ON SERVICE  AN SERVICES  DATE		+	+			1	1	<del> </del>	<del>                                     </del>
VIORAL HEAL  VIORAL HEAL  APPROVAL. PLEASE CORRECT THE  APPROVAL PLEASE CORRECT THE  191  6 CLIENT ID NUMBER DOES NOT MATC  0 31  H PATIENT NAME  5599  3 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  SENESTI PACKAGE.  3404917 CENTERPOINT HUM  11 610 CLIENT NOT ELIGIBLE ON SERVICE  AN SERVICES  DATE			1						t
VIORAL MEAL  APPROVAL. PLEASE CORRECT THE  APPROVAL. PLEASE CORRECT THE  191  6 CLIENT ID NUMBER DOES NOT MATC  0 31  H PATIENT NAME  3599  3 DETAIL NOT COVERED BY COMBINAT  10N OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404917  CENTERPOINT HUM  11 610  CLIENT NOT ELIGIBLE ON SERVICE  AN SERVICES  DATE	3404916	CROSSROADS BEHA	8654	9	ONLY 16 UNITS ALLOWED PER DAY	1	1	1	<b>†</b>
191   6   CLIENT ID NUMBER DOES NOT MATC   0   31									
H PATIENT NAME  B 5599 B DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CENTERPOINT HUM B DATE  AN SERVICES DATE					APPROVAL. PLEASE CORRECT THE				
H PATIENT NAME  B 5599 B DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CENTERPOINT HUM B DATE  AN SERVICES DATE			101	6	OF TENET TO NUMBER PAGE NAME NAME			1	<u> </u>
8599 3 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404917 CENTERPOINT HUM 11 610 CLIENT NOT ELIGIBLE ON SERVICE AN SERVICES DATE		+	191	0		-	31	6589	6558
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404917 CENTERPOINT HUM 11 610 CLIENT NOT ELIGIBLE ON SERVICE AN SERVICES DATE		+	+			1	1		<del>                                     </del>
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3404917 CENTERPOINT HUM 11 610 CLIENT NOT ELIGIBLE ON SERVICE AN SERVICES DATE			1						t
		<u> </u>	8599	3		1	<u> </u>		
3404917 CENTERPOINT HUM 11 610 CLIENT NOT ELIGIBLE ON SERVICE	-					1			
AN SERVICES DATE STATES			<del></del>		BENEFIT PACKAGE.			1	
AN SERVICES DATE STATES	3404917	CENTED DOTNET TITM	11	610	CLIENT NOT ELIGIBLE ON SERVICE	1	-	1	<del>                                     </del>
			+	1.77		1	1		+
23 80 SERVICE REQUIRES PRIOR APPROVA 1 832 L L		DMCVICED	1						<b>†</b>
23 80 SERVICE REQUIRES PRIOR APPROVA 1 832  L  L		<u> </u>	<u>t                                     </u>				<u> </u>		
T L			23	80	SERVICE REQUIRES PRIOR APPROVA	1	832	4908	4076
			<u> </u>		L				
		<del> </del>	<del>                                     </del>			1		1	1
8599 64 DETAIL NOT COVERED BY COMBINAT		+	8599	64	DETAIL NOT COVERED BY COMBINAT		<b>+</b>	-	
ION OF RECIPERTY PROVIDER AND		+	+ ***	<b>—</b>		1	1		<del> </del>
BENEFIT PACKAGE.		1	1			1			t

						1		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	3858	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	233	FURTHER PROCESSING NECESSARY,	0	4216	4449	233
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUIURE RA'S.				
		21	38	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL	21	34	DUPLICATE OF CLAIM-SYSTEM				
3101320	L AREA MH D	22	J.	both of child of other				
		79	14	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	74	6610	6536
				PROVIDER TYPE AND SPECIALTY IN				
		8599	8	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
3404921	ORANGE PERSON C	11	243	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
		21	70	DUPLICATE OF CLAIM-SYSTEM		400	EE.00	E120
					0	460	5592	5132
		0500	47	DEMANY NOW COVERNS ON CONTRACT	-			
		8599	47	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
3404923	FIVE COUNTY MH	8505	297	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				NI BUDGEI				
		8599	72	DETAIL NOT COVERED BY COMBINAT	1	563	4173	3610
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	52	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
2404005		0505	TORE .					
3404925	SANDHILLS CENTE	8505	7975	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	R FOR MH/DD							
		8800	924	FURTHER PROCESSING NECESSARY,	9	9366	10338	972
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				Total Maria				
		11	181	CLIENT NOT ELIGIBLE ON SERVICE				
	-			DATE				
3404926	SOUTHEASTERN RE	21	2683	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
		9500	104	DETAIL NOT COURDED BY COMPANY				
		8599	194	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	7	3375	7595	4220
				BENEFIT PACKAGE.				
		23	121	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404927	CUMBERLAND CO M	11	331	CLIENT NOT ELIGIBLE ON SERVICE				
	HC			DATE				
		8599	42	DETAIL NOT COVERED BY COMBINAT	^	483	2412	1929
				ION OF RECIPIENT, PROVIDER AND	0	483	2412	1929
				BENEFIT PACKAGE.				
		8800	37	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
	1	1		i.				

					1		TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	11	34	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		0	0					
		U	U		0	34	53	19
3404931	WAKE CO HUM SVC	8599	214	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		27	141	DIAGNOSIS CODE MISSING OR INVA	62	1001	13652	12651
		-		LID. VERIFY AND ENTER THE	62	1001	13052	12651
				CORRECT DIAGNOSIS CODE AND SUB				
		21	109	DUPLICATE OF CLAIM-SYSTEM				-
3404933	SOUTHEASTERN CT	8599	107	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8564	37	SERVICE EXCEEDS THE ALLOWABLE		246	4124	3878
				OF ONE OCCURRENCE WITHIN AN	1	246	4124	3018
				ELIGIBILITY PERIOD.				
		0.7			1			
		21	28	DUPLICATE OF CLAIM-SYSTEM		-		
	1	1		<u> </u>		-		
	1	+				<b> </b>		
3404934	ONSLOW CARTERET	8599	89	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND	1			
				BENEFIT PACKAGE.				
		8535	60	SERVICE FACILITY LOCATION WAS	0	345	1221	876
				NOT SUBMITTED ON THIS CLAIM.	0	345	1221	8/6
				PLEASE RESUBMIT THE CLAIM WITH				
		8534	49	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	
		-	-				0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
3404937	THE BEACON CENT	21	12	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		10	4	DIAGNOSIS OR SERVICE INVALID F	0	20	3914	3894
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
	1	79	1	THIS SERVICE IS NOT PAYABLE TO		-		
		-		YOUR SUBMITTED BILLING	1	<b> </b>		
				PROVIDER TYPE AND SPECIALTY IN				
					1			
3404939	EAST CAROLINA B	27	594	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE		<u> </u>		
	EHAVIORAL H			CORRECT DIAGNOSIS CODE AND SUB	<del> </del>	<del>                                     </del>		
	1	1			1	<del>                                     </del>		
		8534	386	SERVICE FACILITY LOCATION IS N	0	1558	6164	4606
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
	1	8599	244	DETAIL NOT COVERED BY COMBINAT		-		
				ION OF RECIPIENT, PROVIDER AND	<del> </del>	<del>                                     </del>		
				BENEFIT PACKAGE.	1	<b> </b>		
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***		1		
	EHAVIORAL H				1	<del>                                     </del>		
		1	<del></del>	+		-		
		0	0		n	0	0	n
2404					1			
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***		-		
	EHAVIORAL H				-	<del>                                     </del>		
	1	+				<b> </b>		
		0	0		0	0	0	0
		<u> </u>				L		

				T			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	momax	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	TOTAL	CLAIMS FINALIZED	
HOFIDER	PROVIDER NAME	2020	Danthao	Daniel I I III	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	41	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
	L REALIN CE							
		8599	22	DETAIL NOT COVERED BY COMBINAT	17	148	970	822
				ION OF RECIPIENT, PROVIDER AND		140	370	220
				BENEFIT PACKAGE.				
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	8533	9	SERVICE FACILITY LOCATION CANN				
	N SERVICES			OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.				
		8505	7	CLAIM DENIED DUE TO INSUFFICIE	0	25	1636	1611
				NT BUDGET				
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	8532	452	SUBMITTED BILLING PROVIDER IS				
	ENTAL HEALT			NOT ELIGIBLE FOR DATE OF				
				SERVICE BILLED				
		11	70	CLIENT NOT ELIGIBLE ON SERVICE	0	632	2844	2212
				DATE				
		8599	56	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404949	PIEDMONT BEHAVI	8535	1	SERVICE FACILITY LOCATION WAS				
	ORAL HEALTH			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		0	0		0	1	1	0